Effective October 1, 2000

Application or Docket Number

09/824978

CLAIMS AS FILED - PART I							S	SMALL ENTITY		OTHER THAN		
			(Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			30					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		• 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			3 minus 3 =		* D			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter						olumn 2	Ł	TOTAL		OR	TOTAL	890
CLAIMS AS AMENDED - PAR								•			OTHER	THAN
(Column 1) (Colum						(Column 3)	_	SMALLE	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 52	Minus	🤈	30	= 22		X\$ 9=		OR	X\$18=	346,"
	Independent	NTATION OF M	Minus	***	3 TCLAIM	= 4	lacksquare	X40=		OR	X80=	344,*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
			;				1	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)											ADDIT. FEE	
	March March 1881	CLAIMS		HIG	HEST	}	٦,		ADDI-	ı		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRÈSENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total		Minus	**		= .]	X\$ 9=		OR	X\$18=	
	Independent	AUXATION OF M	Minus	***	T CL 4114	=	↓ I	X40=		OR	X80=	
_	FIHST PHESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM	<u> </u>	┙┃	+135=		OR	+270=	
.								TOTAL		OR	TOTAL	
AUDIT, FEE												
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(Column 1) CLAIMS	C. C. A. A.		HEST	Columnia	٦,		4001	ı		4001
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA	▋┃	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	R	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u>	Minus	•••		<u> </u>	』 Ⅰ	X40=		OR	X80=	·
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT					— Ц.	┛╽	:125_			+270=	
•	f the entry in colu	mn 1 is less than	the entry in colu	mn 2, wri	te "0" in co	lumn 3,	į	+135= TOTAL		OR	TOTAL	
••	If the "Highest Nu	mber Previously F Imber Previously F	aid For" IN THI	S SPACE	is less tha	in 20, enter "20	D." /	ADDIT. FEE	1	OR	ADDIT. FEE	L
		nber Previously Pa						ınd in the app	propriate bo	x in co	lumn 1.	